

## FAS - Fetal Alcohol Syndrome

### FAS-ADL      ACTIVITIES OF DAILY LIVING

**OUTCOME:** The patient/family/caregiver will understand how the patient's ability to perform activities of daily living (ADLs) impact the care plan including in-home and out-of-home care.

**STANDARDS:**

1. Define activities of daily living (ADLs) (e.g., the everyday activities involved in personal care such as feeding, dressing, bathing, movement, toileting and walking) and discuss how the patient's ability to perform ADLs affects their ability to live independently.
2. Provide the appropriate information and referrals for services needed to increase, maintain, and/or assist with activities of daily living.

### FAS-CM      CASE MANAGEMENT

**OUTCOME:** The patient/family/caregiver will understand the importance of integrated case management in achieving optimal physical and behavioral health.

**STANDARDS:**

1. Discuss roles and responsibilities of each member of the care team including the patient, family/caregiver, and providers in the case management plan.
2. Explain the coordination and integration of resources and services in developing and implementing the case management plan.
3. Explain the need to obtain the appropriate releases of information necessary to support integrated case management and to maintain patient privacy and confidentiality. **Refer to AF-CON.**

### FAS-DP      DISEASE PROCESS

**OUTCOME:** The patient/family will understand the nature of FAS and FASD (Fetal Alcohol Spectrum Disorder), and that the consequences can be manifested as a life long disability.

**STANDARDS:**

1. Discuss that consumption of any amount of alcohol during pregnancy can cause FAS.

2. Explain that FAS and FASD are a cluster of physical, mental, and neurodevelopmental birth defects that occur as a result of prenatal exposure to alcohol. These birth defects are life long, and may include:
  - a. Behavioral problems
  - b. Learning and memory problems
  - c. Impaired cognition and mental retardation
  - d. Language and communication problems
  - e. Visual-spatial impairment
  - f. Executive functioning problems (e.g., planning, sequencing, organizing, abstract thinking)
  - g. Attention/concentration difficulties
  - h. Motor control problems (e.g., coordination, balance, gait, muscle tone/control)
  - i. Sensory integration difficulties
  - j. Challenges living independently

**FAS-GD      GROWTH AND DEVELOPMENT**

**OUTCOME:** The patient/family/caregiver will have an increased understanding of the factors that contribute to growth and development for children, adolescents, and adults with FAS/FASD.

**STANDARDS:**

1. Discuss the role of pre and postnatal factors for the growth and development for individuals affected by prenatal alcohol exposure.

**FAS-IR      INFORMATION AND REFERRAL**

**OUTCOME:** The patient/family/caregiver will receive information and referral for alternative or additional services as needed or desired.

**STANDARDS:**

2. Provide the patient/family/caregiver with alternative or additional sources for care and services.
3. Provide the patient/family/caregiver with assistance in securing alternative or additional resources as needed.

**FAS-L      LITERATURE**

**OUTCOME:** The patient or caregiver will receive literature about FAS/FASD.

**STANDARDS:**

1. Provide patient or caregivers with literature on FAS/FASD.
2. Discuss the content of the literature.

**FAS-LA      LIFESTYLE ADAPTATIONS**

**OUTCOME:** The patient/caregiver will have an increased understanding of the factors that contribute to better outcomes for children, adolescent, and adults with FAS/FASD.

**STANDARDS:**

1. Review the lifestyle areas that may require adaptations (e.g., home, school, job, physical activity, recreational/leisure activity, communication, and social skills, etc.). Discuss that effective intervention for individuals with FAS/FASD often requires restructuring the home, community, and school environments.
2. Explain that the interventions for FAS/FASD require on-going family/caregiver involvement.
3. Explain that the use of multiple, consistent, persistent interventions are necessary for a good outcome.
4. Discuss the need to advocate for, not against the child.
5. Discuss the importance of consistent, simple, direct, and concrete communication.
6. Discuss the effects of parent stress and marital problems on children and adolescents.
7. Discuss that behavioral and developmental problems associated with FAS/FASD may exacerbate parental stress and marital problems. Explain that appropriate help should be sought as soon as the problem is identified.
8. Refer to Social Services, Behavioral Health, Physical Therapy, Speech Therapy, or other rehabilitative services and/or community resources as appropriate.

**FAS-PN      PRENATAL**

**OUTCOME:** The patient/family will understand the consequences of alcohol use during pregnancy.

**STANDARDS:**

1. Discuss that consumption of any amount of alcohol during pregnancy can cause FAS or FASD.
2. Emphasize the importance of abstinence from any alcohol use during pregnancy (including beer, wine, liquor, and wine coolers).
3. Discuss available treatment or intervention options, as appropriate.

**FAS-TE      TESTS**

**OUTCOME:** The patient/family/caregiver will understand the importance of diagnosis and the testing process to be performed to diagnose FAS/FASD.

**STANDARDS:**

1. Discuss the benefits of seeking a diagnostic evaluation for FAS/FASD.
2. Answer the patient/family questions regarding the evaluation process.
3. Refer to appropriate FAS Diagnostic resources within the healthcare system or community, as appropriate.